



Penn Manor School District-Volunteer Application

Today's Date: \_\_\_\_\_

Name of Volunteer's Full Name	
Volunteer's Address	
Cell Phone	
Work Phone	
e-Mail Address	
Date Available to Begin	

Please indicate the school(s) where you would like to volunteer by placing a check mark on the line:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Central Manor Elementary School | <input type="checkbox"/> Hambright Elementary School | <input type="checkbox"/> Manor Middle School       |
| <input type="checkbox"/> Conestoga Elementary School     | <input type="checkbox"/> Martic Elementary School    | <input type="checkbox"/> Marticville Middle School |
| <input type="checkbox"/> Eshleman Elementary School      | <input type="checkbox"/> Letort Elementary School    | <input type="checkbox"/> Penn Manor High School    |
|  | <input type="checkbox"/> Pequea Elementary School    |  |

Check if you are a current PMSD employee; List location where you currently work \_\_\_\_\_

Please indicate the capacity in which you would like to volunteer by placing a check mark on the line:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Field Trip Volunteer | <input type="checkbox"/> Club Volunteer            | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Classroom Volunteer  | <input type="checkbox"/> Other – Please list _____ |   |
|   | Booster Club (list name of Booster Club) _____     |   |

_____	_____	_____
Volunteer Name Printed	Volunteer Name Signature	Date

Office Use Only

Building where the volunteer applicant applied: \_\_\_\_\_

Original Clearance Required	Date Approved	Copy Attached w/ Application
Child Abuse Clearance		
State Police Clearance		
FBI Clearance IdentoGO (Optional, if resident of PA for 10 or more years)		#

_____	_____	_____
Principal Name (Printed)	Principal Name (Signature)	Date

_____	_____	_____
Human Resources (Printed)	Human Resources (Signature)	Date